

TOPSOCCER REGISTRATION SPRING 2016 SEASON

Player Information:

T-shirt size: _____

Player's Name _____ Phone # _____

Date of Birth _____ Age _____ Circle: Male/Female

Address _____

City _____ Zip _____

Wheelchair _____ Walker _____ Other _____

Are there any limitations or behavior concerns that the coach should be aware of?

Parent/Guardian Information:

Mother's Name _____ Father's Name _____

E-mail address _____

Group Home Information:

Agency Name: _____ Supervisor Name _____

Agency Phone # _____ Supervisor Phone# _____

*Group home staff MUST REMAIN AT THE FIELDS and assist players if needed.

Photo Release:

I here by give my permission to the TOPSoccer program, to use any portrait, picture, photograph, and/or video of my child, myself or my family, for the sake of publicity for the TOPSoccer program.

Parent or Guardian Signature: _____ Date: _____

Medical Release

*** PARENTS/GUARDIANS MUST REMAIN AT THE FIELD***

Player Name: _____ **Date of Birth:** _____

Date of last Tetanus Booster _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (EMT, First Response, E.R).

Family Physician _____ Phone: _____

In case of an Emergency contact:

Name _____ Phone: _____ Relationship _____

Please list any allergies/medical problems/medications.

I am the parent/guarding of _____, on whose behalf I have submitted the attached application for participation in TOPSoccer. I hereby represent that he/she has my permission to participate in TOPSoccer. I further represent and warrant that to the best of my knowledge and belief, he/she is physically and mentally able to participate in TOPSoccer. I also understand that my child is participating in TopSoccer at his/her own risk. I do not hold Burlington Soccer Club (BSC) or Burlington Parks and Recreation or any of its coaches or buddies liable of any injury that may occur. I give the City of Burlington my permission to take my child's picture for the marketing purposes of the TOPSoccer program.

Parent or Guardian Signature: _____ Date: _____